



# Declaration for Nomination and Oath of Candidacy

RECEIVED  
JUN 17 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Belt City Council Ward 3 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Russell P. Roberts

Mailing Address: P.O. Box 6 City and State: Belt, MT Zip Code: 59412

Residence Address: 130 3rd Ave S. City and State: Belt, MT Zip Code: 59412

County of Residence: Cascade Contact Phone: 406-788-1223 Email Address: rrussell190@gmail.com Website Address: N/A

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 1500 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Russell P. Roberts  
Signature of Candidate

06/17/2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana  
County of Cascade

Signed and sworn to before me this 17th day of June, 2021 by Russell P Roberts  
Printed Name of Candidate

Corinne Gates  
Signature of Notary or Public Official

Corinne Gates  
Printed Name of Notary Public

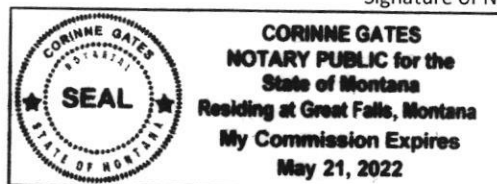
Notary Public for the State of Montana

Residing at: GREAT FALLS

My commission expires: 5-21, 2022

Where to file Federal, Statewide,  
State District and Legislative offices:  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most  
Local District offices:  
County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](https://sosmt.gov/elections)



[SEAL/STAMP]

My Commission Expires  
May 21, 2025  
Residing at Great Falls, Montana  
State of Montana  
NOTARY PUBLIC for the  
CORINNE GATES





# Declaration for Nomination and Oath of Candidacy

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JUN 16 2021

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OFFICE ONLY

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Document # \_\_\_\_\_  
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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Alderman Belt Ward 1 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): David Eggert

Mailing Address Box 125 City and State Belt MT Zip Code 59412

Residence Address 42 Upper Row City and State Belt MT Zip Code 59412

County of Residence Cascade Contact Phone 406-868-5404 Email Address daveeggert@hotmail.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

David Eggert  
Signature of Candidate

6/16/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 16<sup>th</sup> day of June, 2021 by David Eggert  
Printed Name of Candidate

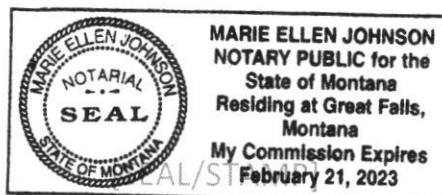
Marie Ellen Johnson  
Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_



Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

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County Election Office  
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MADE ELLER JOHNSON  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls,  
Montana  
My Commission Expires  
February 27, 1933





# Declaration for Nomination and Oath of Candidacy

JUN 15 2021

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OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Mayor of Belt ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): James M. Olson

Mailing Address P.O. Box 503 City and State Belt, MT Zip Code 59412

Residence Address 33 Castner St. City and State Belt, MT Zip Code 59412

County of Residence Cascade Contact Phone (406) 277-4449 Email Address James.Olson15@yahoo.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 15.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 15 day of June, 20 21 by James M. Olson  
Printed Name of Candidate

Dawn M. Miller  
Signature of Notary or Public Official

Dawn M. Miller  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Belt

My commission expires: 01/29, 2022

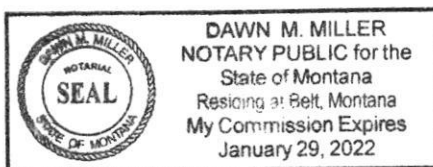
Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620

Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most  
Local District offices:

County Election Office  
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[SEAL/STAMP]



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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Alderman Ward 1 ☐ \_\_\_\_\_ OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): April L Wells

Mailing Address PO Box 211 City and State Belt MT. Zip Code 59412

Residence Address #20 Anaronda St. City and State Belt MT. Zip Code 59412

County of Residence Cascade Contact Phone 406-781-7785 Email Address awells@beltSchool.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

April L Wells  
Signature of Candidate

6/8/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

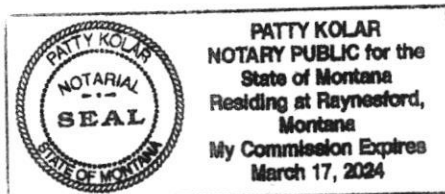
County of Cascade

Signed and sworn to before me this 8 day of June, 2021 by April L Wells  
Printed Name of Candidate

Patty Kolar  
Signature of Notary or Public Official

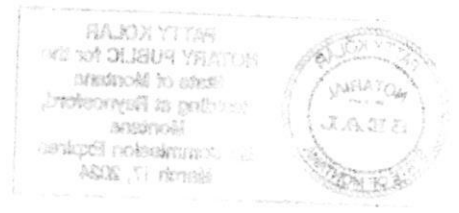
**Where to file Federal, Statewide,  
State District and Legislative offices:**  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

**Where to file County, City and most  
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Printed Name of Notary Public \_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_, 20\_\_\_\_

# NOTARIAL PUBLIC







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Document # \_\_\_\_\_

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By: \_\_\_\_\_

Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for  
office of:

Alderman Ward 2 of Belt

Full name of office including district and/or department numbers if applicable

☐

Name of Political Party

OR ☒ Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot):

Becky Gorton

Mailing Address

P.O. Box 145

City and State

Belt, Mont.

Zip Code

59412

Residence Address

110 1st Ave. S.

City and State

Belt, Mont.

Zip Code

59412

County of Residence

Cascade

Contact Phone

406-403-3696

Email Address

gortonb29@gmail.com

Website Address

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Residence Address:

Phone:

Email Address:

Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

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**I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.**

Becky Gorton  
Signature of Candidate

5-8-2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of CASCADE

Signed and sworn to before me this 8 day of June, 2021 by Becky S Gorton

Printed Name of Candidate

Robert Podry  
Signature of Notary or Public Official

Robert Podry  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls

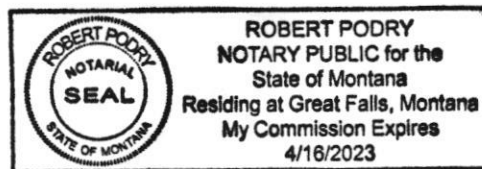
My commission expires: 04-16, 2023

**Where to file for Federal, Statewide,  
State District and Legislative offices:**

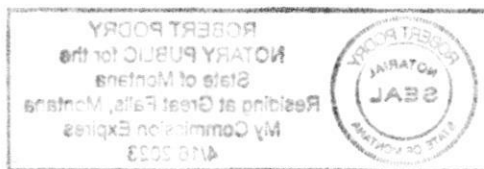
Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online:  
By Fax: 406-444-2023

**Where to file for County, City and  
most Local District offices:**

County Election Office  
A list of county election offices may  
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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Alderman ward 2 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Sally M Miller

Mailing Address Box 61 City and State Belt, mt Zip Code 59412

Residence Address 323 Bridge street City and State Belt, Mt. Zip Code 59412

County of Residence Cascade Contact Phone 406 277-3226 Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 15 day of June, 20 21 by Sally M Miller  
Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Belt

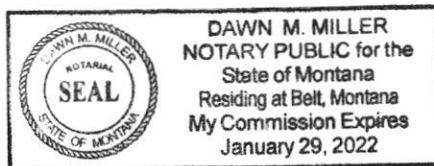
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Helena, MT 59620  
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[SEAL/STAMP]